## **Application Data Sheet**

Application Information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	Paper
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	A Fibrin/Fibrinogen-Binding Conjugate
Attorney Docket Number::	20695C-003420US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Petition Type:: Licensed US Govt. Agency::	

No

Secrecy Order in Parent Appl.::

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Heinz

Middle Name::

Family Name:: Redl

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Windmuehlgasse 7

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1060

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Walter

Middle Name::

Family Name:: Fuerst

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Inzersdorferstrasse 40/31

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Rudolf

Middle Name::

Family Name:: Kneidinger

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Benjowskigasse 31/30

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1220

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sam

Middle Name::

Family Name:: Helgerson

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State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1587 Morada Place

City of Mailing Address:: Altadena

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State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 91001

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Douglas

Middle Name::

Family Name:: Looker

Name Suffix::

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State or Province of Residence:: CO

Country of Residence:: US

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City of Mailing Address:: Ft. Lupton

State or Province of mailing address:: CO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 80621

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Elisabeth

Middle Name:: M.

Family Name:: Inman

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State or Province of Residence:: CA

Country of Residence:: US

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City of Mailing Address::

Pasadena

State or Province of mailing address::

Country of mailing address::

US

CA

Postal or Zip Code of mailing address:: 91104

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Jane

Middle Name::

P.

Family Name::

Richards

Name Suffix::

City of Residence::

Longmont

State or Province of Residence::

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Country of Residence::

US

Street of Mailing Address::

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State or Province of mailing address::

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Country of mailing address::

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**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Catalina

Middle Name::

Family Name::

Wong

Name Suffix::

City of Residence::

Los Angeles

State or Province of Residence::

CA

Country of Residence::

US

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Fax Number:: 949-474-6330

Representative Information

Representative Customer No:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of 09/963,156 09/25/01

09/963,156 Continuation-in-part of 09/669,240 09/25/00

**Foreign Priority Information** 

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name:: Baxter Aktiengesellschaft

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State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1220

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State or Province of mailing address:: IL

Country of mailing address:: US

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